



01/09/2007 15:05 FAX

003/004

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or **FAX** (571)-273-2883

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Notes Use Block 1 for any change of address)

7590

10/13/2003

WOMBLE CARLYLE SANDRIDGE &amp; RICE

P.O. Box 7037

Atlanta, GA 30357-0037

01/10/2007 RMBRAH1 00000012 090528 10706743

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 30.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2883, on the date indicated below.

Special Agent	(Depositor's name)
[Signature]	(Signature)
1/9/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10706,743	11/12/2003	Henry David Hayes	B162 1120.1	7541

TITLE OF INVENTION: SAFETY HEADLIGHT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/16/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, GUNYOUNG T	2875	362-475000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Womble Carlyle  
Sandridge & Rice  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bell Sports, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Cruz, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10 (ten)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2036 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-18229 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name

Steven D. Kerr

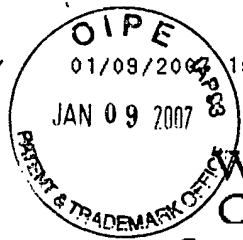
Date

Registration No.

1/8/07  
32,472

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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JAN 09 2007

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A PROFESSIONAL LIMITED  
LIABILITY COMPANY

001/004

ATLANTA  
CHARLOTTE  
RALEIGH  
RESEARCH TRIANGLE PARK  
WASHINGTON, D.C.  
WINSTON-SALEM

## FACSIMILE

From: Steven D. Kerr  
Direct Dial: (404) 962-7524  
Direct Fax: (404) 870-8174  
E-Mail: [steve.kerr@wcsr.com](mailto:steve.kerr@wcsr.com)

TO:	Mail Stop Issue Fee	COMPANY:	Commissioner for Patents
FAX:	571-273-2885	PAGES:	4 (including cover)
PHONE:		DATE:	January 9, 2007
RE:	U.S. Application Serial No. 10/706,743	ATTORNEY DOCKET/REF. NO.	B162 1120.1
		ACCOUNTING NO.	22595.0189.2

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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Please call the following number if the message you receive is incomplete or not legible: 404-879-2412

In re Application of: Henry David Hayes

**OFFICIAL**

Serial No.: 10/706,743

Filed: November 12, 2003

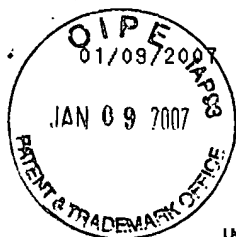
For: SAFETY HEADLIGHT

Attached in connection with the above-identified patent application are the following:

- (1) Transmittal Form;
- (2) Part B - Fee Transmittal; and
- (3) Fee Transmittal.

1201 West Peachtree Street, Suite 3500 Atlanta, GA 30309-3574 Telephone (404) 872-7000 Fax: (404) 888-7490

WCSR 3515808v1



002/004

PTO/SB/21 (07-08)

Approved for use through 09/30/2008, OMB 0651-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person shall be required to provide information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/706,743
	Filing Date	November 12, 2003
	First Named Inventor	Henry David Hayes
	Art Unit	2875
	Examiner Name	Lee, Gunyoung T.
	Attorney Doctel Number	B162 1120.1
Total Number of Pages in This Submission	3	

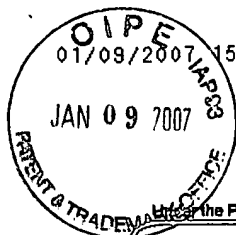
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B - Fee(s) Transmittal (PTOL-85)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Womble Carlyle Sandridge & Rice, PLLC	
Signature		
Printed name	Steven D. Kerr	
Date	January 8, 2007	Reg. No. 32,472

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being off-web transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Sheila Gray
Date	January 9, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a bonofit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is limited to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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PTO/SB/17 (01-06)

Approved for use through 07/31/2008, OMB 0831-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

**FEE TRANSMITTAL**  
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,730.00

## Complete If Known

Application Number	10/706,743
Filing Date	November 12, 2003
First Named Inventor	Henry David Hayes
Examiner Name	Lee, Gunyoung T.
Art Unit	2875
Attorney Docket No.	B162 1120.1

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Wornble Carlyle Sandridge & Rice, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2034.

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## For Reexamination

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$)

- 20 or HP = x Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x Fee Paid (\$)

## 4. OTHER FEES (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge, issue fee (\$1400); publication fee (\$300); advance order of copies (\$30))

Fees Paid (\$)

\$1730

## SUBMITTER

Signature

Name (Print/Type) Steven E. Ryan

Registration No.  
(Attorney/Agent)

32,472

Telephone 404-962-7524

Date January 9, 2007

This collection of information is required by 37 CFR 1.153. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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